



## **Governor's Coronavirus Working Group**

October 18, 2021

### **MINUTES**

#### **Members In attendance:**

Dave Jeppesen  
Dr. David Pate

Brad Richy  
Supt Ybarra  
Brian Whitlock  
Carole Moehrle

Dr. Christine Hahn, DHW

#### **Staff In Attendance:**

Kathie Brack, DHW  
Elke Shaw-Tulloch, DHW  
Dr. Kathy Turner, DHW  
Emily Callihan, Governor's Office  
Sara Stover, Governor's Office  
Louis Hougaard, Governor's Office  
Maggie Mann, PHD 7  
Geri Rackow, PHD 6  
Jennifer Palagi, DHW  
Kelly Petroff, DHW  
Angela Wickham, DHW  
Niki Forbing-Orr, DHW  
Greg Stahl, DHW  
Joe Righello  
Logan \_\_\_\_\_

#### **Case Update – Dr. Kathryn Turner, Division of Public Health (PPT)**

- Plateauing case counts – 30-day moving average higher than 14-day moving average
- Percent positivity rate – declining 13:2% (about 1% a week)
- Differences within each PHD
  - PHD still high @ 22.2% (highest in state)
  - PHD 2 increasing
  - 41 of 44 counties high transmission rates
- Avg time between vaccination and illness: 153 days
- 5550 breakthrough cases (September) (vaccinated in Jan-Feb-Mar)
- Vaccine breakthrough cases – mean age of fully vaccinated cases are older 52.6; 39.5 years/not fully vaccinated
- Deaths of fully vaccinated are likely to be older
- Immunocompromised significantly higher breakthrough

- Cardiovascular - 37.4% not fully; 55.1% fully
- Diabetes – 55.4% not fully; 64.2% fully
- Immunocompromised – 7.4% not fully; 40.5% fully
- Neurologic disability 8.4% not fully; 0.0% fully
- Obesity – 21.2% not fully; 27.0% fully
- Pediatric cases beginning to decline
- MIS-C 2 - cases in last two weeks
- Declines in all age groups
- Death Case Counts – slight uptick in fatality rates (relative to cases since last winter)
- Mortality age distribution
  - 2020 – 80+ 52/2%; 50-79/44.8%; 18-49/3.0%
  - 2021 - 80+/ 33.0%; 50-79/ 58.7%, 18-49/8.3%

**Questions – Dr. Pate:** Are you tracking reinfection? **Dr. Turner:** It's difficult to get from our data. We are building a variable (2 lab reports, etc), but it is more complicated than counting people twice. We are seeing re-infections, possible 2,000-3,000. **Dr. Pate:** We are hearing about natural immunity for not getting vaccinated; it's good to have the counter narrative. **Dr. Turner:** We are trying to look at it but we want to be confident in our numbers. **Dr. Pate:** Will you be tracking boosters separately so we can get a better idea of waning immunity vs. breakthrough cases? **Dr. Turner:** Yes, we are trying to figure out how to present that data. **Dr. Pate:** MIS-C those cases lag, we may see more of these cases. I heard a virologist say that we are not seeing as many MIS-C cases with Delta. Have you heard that; is there a hypothesis? **Dr. Turner:** It appears we are not seeing the number of MIS-c cases we would have expected to see relative to the case numbers. **Dr. Hahn:** I can confirm this as well from the ACIP working group, some data is coming from the states. It's early to tell, but perhaps. **Dr. Pate:** Why aren't we counting positive antigen cases as positive. **Dr. Turner:** They are a case; it doesn't mean it is less of a case than a PCR case. We have struggled with how to show the data; it is a public health surveillance issue. **Dir. Moerhle:** The increase in PHD 2 is from an outbreak at the prison.

### **School Update – Supt. Ybarra, Idaho Department of Education**

- Schools are mixed for use of masks
- Many administrators are concerned about backlash
- Some schools require teachers to mask to model for students, most students not masked
- Every community is different
- Working on an App for school district closures; currently in beta testing
- Schools continue to struggle with contact tracing
- Many staff are leaving the profession – too stressful
- Closures are due to staff shortages
- Supt Ybarra is going substitute in 2<sup>nd</sup> grade next week; other SDE staff are volunteering as well
- Shortages of bus drivers continue

**Comments - Dr. Hahn:** My experience with Boise High School has been excellent. Very strict masking policy and contact tracing. **Supt. Ybarra:** Schools are trying hard to do the right thing, but when they get push back from a few parents, that drives the decisions.

#### **Hospital Capacity – Brian Whitlock, Idaho Hospital Association, (PPT)**

- Dist 1 & 2– Yellow or red – not stabilized. Kootenai Health 280 census, 123 Covid (113 positive when requested CSC); no capacity for transfers; putting pressure on CAHs which then look elsewhere for transfers.
- Dist 3 & 4 – Census is dropping, some transfer capacity beginning to open for CAHs
- Dist 5 – No ICU capacity
- Dist 6 & 7 – 2 ICU beds; 0 med surge; 0 PICU; received some FEMA nurses which is helping
- St Al's, 305 census, no critical care beds available
- St. Luke's 155 census (highest was 172 in December; 280s in recent surge)
  - Once patients are past the 14-day infectious period they not counted as Covid patient even though still in hospital.

#### **Hospital Funding Update - Elke Shaw-Tulloch, Division of Public Health (PPT)**

- Continue financial support of hospitals – retention & hiring bonuses
  - \$265.3 M round 1; another \$3M will be distributed.
  - \$1M transferred to primary care/urgent care.
- Also supporting clinical and non-clinical staff

**Comments – None.**

#### **Situation Update - Dr. Hahn, Division of Public Health (PPT available)**

- Case decreases across the country
- Idaho cases appear to have plateaued
- CDC tracker: Alaska, Montana, Wyoming, West Virginia remain highest
- Monoclonal antibodies (subcutaneous or IV) starting to see a decrease in allocations; all allocations have been distributed
- Merck oral anti-viral treatment (viral inhibitor) will be reviewed by FDA Nov 30; clinical trial has not been published – reduced death and hospitalization by ½. Similar to Remdesivir; filed for EUA; some government contracts have been sold
- mAb doses shipped - 10/12/21 – 3400 doses
- Boosters – Moderna requested ½ dose approval, VRBPAC approved on 10/14; will move to CDC/ACIP for approval
- J & J requested 2-month booster
- NIH presented data on mixed boosters – mRNA likely to receive EUA
- Unvaccinated remains the highest priority in US

- FDA committee will meet 10/26 to discuss ages 5-11;
- DHW is planning for roll out of boosters and children 5-11
- 3<sup>rd</sup> doses for Immunocompromised

**Questions – Dr. Pate:** Do you know if Moderna will be approved? What is the timeline for Moderna for kids? **Dr. Hahn:** No insights on authorization for Moderna. Data on kids has been presented by Moderna but no time line yet. As soon as the Pfizer authorization occurs, the FDA will likely quickly address EUA for kids. **Mr. Whitlock:** What is the plan for 5-11 years old? **Dr. Hahn:** We have had lots of discussions, we look to the CDC data and will start messaging. We want to ensure small providers and rural areas are getting fair distribution. Also working with pediatricians on messaging.

#### **IOEM Update – Director Brad Richy**

- Requested an extension of FEMA mission in North Idaho
- VA in Boise will increase bed capacity for civilians
- Worked with Spokane VA on ventilators
- National Guard –mostly at long term care facilities doing support (testing, evaluation, vaccination)
- GSA contract – 604 people requested – 532 positions filled

**Roundtable – Mr. Whitlock:** The Governor has been visiting a number of hospitals and is asking school kids to write thank you letters to health care workers. Excellent support from the Governor's office.

**Adjourn: 12:20**